

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009503

FILED
Apr 28, 2006
Secretary of State

Entity Name: EMPOWERMENT RESOURCES INC.

Current Principal Place of Business:

3832-010 BAYMEADOWS RD.
#348
JACKSONVILLE, FL 32217

New Principal Place of Business:

Current Mailing Address:

3832-010 BAYMEADOWS RD.
#348
JACKSONVILLE, FL 32217

New Mailing Address:

FEI Number: 54-2147918

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLEMAN-MOSS, ELEXIA
3832-010 BAYMEADOWS RD.
SUITE 348
JACKSONVILLE, FL 32217 US

Name and Address of New Registered Agent:

COLEMAN-MOSS, ELEXIA DIRECTO
3832-010 BAYMEADOWS RD.
SUITE 348
JACKSONVILLE, FL 32217 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ELEXIA COLEMAN-MOSS

04/28/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: JACKSON, MICHAEL
Address: 6005 BART ROAD
City-St-Zip: JACKSONVILLE, FL 32209

Title: D () Delete
Name: JACKSON, NANCY
Address: 6005 BART RD.
City-St-Zip: JACKSONVILLE, FL 32209

Title: D () Delete
Name: HENRY, TASMIA DR
Address: 1899 BOULDER RIDGE PKWY
City-St-Zip: ELLENWOOD, GA 30294

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: JACKSON, NANCY
Address: 133 W. 9TH STREET
City-St-Zip: JACKSONVILLE, FL 32206

Title: D (X) Change () Addition
Name: CROSS, LAUREASE
Address: 133 W. 9TH STREET
City-St-Zip: JACKSONVILLE, FL 32206

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELEXIA COLEMAN-MOSS

DIRE

04/28/2006

Electronic Signature of Signing Officer or Director

Date